



**Application Data Sheet
APPLICATION INFORMATION**

Application Number:

Filing Date: 12/09/03

Application Type: Regular

Subject Matter: Utility

Suggested classification:

Suggested Group Art Unit:

CD-ROM or CD-R?: None

Number of CD Disks:

Number of Copies of CDs:

Sequence Submission?:

Computer Readable From (CRF)?: No

Number of Copies of CRF:

Title: COMPOSITIONS AND METHODS OF DELIVERY OF
PHARMACOLOGICAL AGENTS

Attorney Docket Number: 225602

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure:

Total Drawing Sheets:

Small Entity?: Yes

Latin Name:

Variety denomination name:

Petition Included?: No

Petition Type:

Licensed US Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Appl.?: No

APPLICANT INFORMATION

| | |
|--|------------------------------------|
| Applicant Authority Type: | Inventor |
| Primary Citizenship Country: | US |
| Status: | Full Capacity |
| Given Name: | Neil |
| Middle Name: | P |
| Family Name: | Desai |
| Name Suffix: | |
| City of Residence: | Los Angeles |
| State or Prov. of Residence: | CA |
| Country of Residence: | US |
| Street of mailing address: | 2730 Wilshire Boulevard, Suite 100 |
| City of mailing address: | Santa Monica |
| State or Province of mailing address: | CA |
| Country of mailing address: | US |
| Postal or Zip Code of mailing address: | 90403 |
| Applicant Authority Type: | Inventor |
| Primary Citizenship Country: | US |
| Status: | Full Capacity |
| Given Name: | Andrew |
| Middle Name: | |
| Family Name: | Yang |
| Name Suffix: | |
| City of Residence: | Rosemead |
| State or Prov. of Residence: | CA |
| Country of Residence: | US |
| Street of mailing address: | 4309 Rio Hondo Avenue |
| City of mailing address: | Rosemead |
| State or Province of mailing address: | CA |
| Country of mailing address: | US |
| Postal or Zip Code of mailing address: | 91770 |
| Inventor Authority Type: | Inventor |

| | |
|--|--------------------------|
| Primary Citizenship Country: | US |
| Status: | Full Capacity |
| Given Name: | Sherry |
| Middle Name: | Xiaopei |
| Family Name: | Ci |
| Name Suffix: | |
| City of Residence: | San Marino |
| State or Prov. of Residence: | CA |
| Country of Residence: | US |
| Street of mailing address: | 1987 San Salvatore Place |
| City of mailing address: | San Marino |
| State or Province of mailing address: | CA |
| Country of mailing address: | US |
| Postal or Zip Code of mailing address: | 91108 |
| Inventor Authority Type: | Inventor |
| Primary Citizenship Country: | India |
| Status: | Full Capacity |
| Given Name: | Tapas |
| Middle Name: | |
| Family Name: | De |
| Name Suffix: | |
| City of Residence: | Los Angeles |
| State or Prov. of Residence: | CA |
| Country of Residence: | US |
| Street of mailing address: | 10927 Palms Blvd, Apt 2 |
| City of mailing address: | Los Angeles |
| State or Province of mailing address: | CA |
| Country of mailing address: | US |
| Postal or Zip Code of mailing address: | 90034 |
| Inventor Authority Type: | Inventor |
| Primary Citizenship Country: | US |
| Status: | Full Capacity |
| Given Name: | Vuong |

Middle Name:
Family Name: Trieu
Name Suffix:
City of Residence: Santa Monica
State or Prov. of Residence: CA
Country of Residence: US
Street of mailing address: 2730 Wilshire Boulevard, Suite 110
City of mailing address: Santa Monica
State or Province of mailing address: CA
Country of mailing address: US
Postal or Zip Code of mailing address: 90403
Inventor Authority Type: Inventor
Primary Citizenship Country: US
Status: Full Capacity
Given Name: Patrick
Middle Name:
Family Name: Soon-Shiong
Name Suffix:
City of Residence: Los Angeles
State or Prov. of Residence: CA
Country of Residence: US
Street of mailing address: 11718 Barrington Court #311
City of mailing address: Los Angeles
State or Province of mailing address: CA
Country of mailing address: US
Postal or Zip Code of mailing address: 90049

CORRESPONDENCE INFORMATION

Correspondence Customer Number: 23460
Phone: (312) 616-5600
Fax: (312) 616-5700
E-mail Address: mail@leydig.com



REPRESENTATIVE INFORMATION

Representative Customer Number: 23460

Representative Designation:

Registration Number:

Representative Name:

Primary

Associate

DOMESTIC PRIORITY INFORMATION

| Application: | Continuity Type: | Parent Application: | Parent Filing Date: |
|------------------|--------------------|---------------------|---------------------|
| This application | Non Provisional of | 60/432,317 | 12/09/02 |
| This application | Non Provisional of | Docket 225519 | 12/03/03 |
| This application | Non Provisional of | Docket 225549 | 12/04/03 |
| This application | Non Provisional of | Docket 225585 | 12/05/03 |

FOREIGN APPLICATION INFORMATION

| Country: | Application Number: | Filing Date: | Priority Claimed |
|----------|---------------------|--------------|------------------|
|----------|---------------------|--------------|------------------|

ASSIGNEE INFORMATION

Assignee name: American BioScience, Inc.

Street of mailing address: 2730 Wilshire Boulevard
Suite 110

City of mailing address: Santa Monica

State or Province of
mailing address: CA

Country of mailing
Address: US

Postal or Zip Code of
mailing address: 90403